OBESITY PREVENTION PROGRAM
Arizona Department of Health Services
Special Needs Workgroup Summary
June 30, 2004

Attendance – 7 People

Welcome by ADHS
The purpose of this second workgroup meeting was to build on previous work by adding strategies, identifying criteria, and selecting strategies by a dot selection process. We reviewed the program's vision, mission and goals as well as previously determined group scope of work, ground rules, plan elements and timelines (all of which can be found in May's workgroup summary).

We were hoping to announce the members of the Obesity Prevention Program Advisory Team, however were not able to do so. While we appreciate the volunteers who did come forward, we are in need of some more diversity in our group; therefore we are still looking for more volunteers to serve our program in this capacity. If you are interested, please contact your staff liaison. When we have a slate of candidates, we will need to present them to our Director, Cathy Eden, for approval.

The staff liaison identified some elements that are important to keep in mind as we move through the process of writing the comprehensive state plan including the Social Ecological Model, Social Marketing, Centers for Disease Control and Prevention criteria for the grant and the concept of a state plan vs. a state health department plan.

All workgroup participants received a handout from the Washington State plan that outlines the Social Ecological Model. The model includes five spheres of influence that in turn affect each other. They include individual, interpersonal, institutional/organizational, community and public policy. Interventions should be based on this model, which focuses on the behavior choices of each individual as well as situations/factors within each sphere that can influence that behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels**.** ***If you did not attend the workgroup, you can get the handout at the next meeting.***

We also wanted to introduce the idea of social marketing to the workgroups. Social marketing is the application of commercial marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience. Social marketing planning can be used to address health issues at all levels of the social-ecological model. Rather than dictating the way that information is being conveyed from the "top down", public health is using social marketing to listen to the needs and desires of the target audiences themselves and building the programs from there.

All workgroup participants also received a handout on the criteria outlined by the Centers for Disease Control and Prevention for the grant. ***You can view this separately online along with the summaries.*** These are things we have to keep in mind while moving forward with the plan.

Lastly, we wanted to re-emphasize how important it is to have buy-in from workgroup participants and local grassroots leaders. A state plan requires some of the planning and work to come from the state agency, but the bulk of the work is at the local level. It is therefore essential that we have local stakeholders who support this endeavor beyond the workgroup meetings.

Definition vs. Scope of Work

At this workgroup session, participants stated that there is now a universal definition for children with special health care needs. Therefore we have changed our previous "definition" of this group to the "scope of work".

Definition – Children with special health care needs are those children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Scope of Work - For the purpose of these workgroups the special needs group encompasses children with special health care needs due to conditions that include but are not limited to disability, mental illness, blindness, deafness, and even asthma. This workgroup will work on strategies and action steps for physical activity and nutrition that will positively effect this population and the issues related to this population.

Identified strategies

The workgroups reviewed the strategies from the last meeting and then did some more strategizing based on the CDC criteria that were posted for consideration. At the end of the session, the group did a selection process to select the strategies they would like to have included in the plan.

There was no limit on the number of BLUE dots they could use, however each participant could use one dot per strategy if they liked it but not more than one dot per strategy. For round two, participants were give only two RED dots to vote for the two most important strategies.

The strategies are listed in order of number of votes.

1. Partner with community groups to advocate for Physical Activity and Nutrition awareness for children with Special Needs (including how to best utilize the IEP for physical activity and nutrition). **3 Red 7 Blue**
    - Parent-led Community Action Teams
    - Pilot Parents of Southern Arizona
    - Raising Special Kids
    - Tsunami Youth Group

2. Encourage including physical activity and nutrition components in the Individual Education Plan (IEP) for children with Special Healthcare Needs. **3 Red 5 Blue**

3. Recommend schools and after school programs have Physical Education/Activities that meets the needs of special health care children. **3 Red 4 Blue**

4. Create "best practices" and training protocols for people who work with the special needs population. **2 Red 5 Blue**

5. Establish a baseline of information on current services/practices in the school/community. **2 Red 5 Blue**

6. Work with local government parks and recreation, community services, etc. to increase the adaptive facilities/opportunities. **1 Red 7 Blue**

7. Explore opportunity for funding and sustainability of programs specific to Children with Special Healthcare needs. **0 Red 7 Blue**

8. Strongly encourage/recommend all clinicians to track BMI on scheduled "well child" visits. **0 Red 6 Blue**

9. Recommend funding/reimbursement for Nutritional Counseling and Obesity Prevention education. **0 Red 5 Blue**

10. Raising awareness of the importance of PE/Nutrition for CSHCN through, training, white papers, (web site link on OCSHCN site). **0 Red 5 Blue**

11. Work with AHCCCS to ensure that BMI tracking is a required element on the EPSDT forms. **0 Red 5 Blue**

12. Explore options for BMI tracking specific for CWSHC Needs at CRS. **0 Red 4 Blue**

13. Fund a pilot obesity prevention program in School Based Clinic. **0 Red 3 Blue**

14. Educate public and healthcare industry on the cost of obesity. **0 Red 3 Blue**

Opportunities for Improvement

Parking lot

- Follow-up Healthcare group
- Remember to "take action" or "do something" after BMI is tracked
- Training for all school staff on how to utilize resources in place for Physical Activity and Nutrition for CSHCN
- Action step (PE inclusive) Train PE teachers and after school program staff in adaptive PE.
- SHI – School Health Index